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CONFIRMATION NO. 6419

<b>SERIAL NUMBER</b> 10/824,549	<b>FILING OR 371(c) DATE</b> 04/14/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1623	<b>ATTORNEY DOCKET NO.</b> DI-5373 CON
<b>APPLICANTS</b> Annamaria Naggi, Legnano, ITALY; Enrico Petrella, Mirandola (Modena), ITALY; Giangiacomo Torri, Milano, ITALY; Benito Casu, Milano, ITALY;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/882,187 06/15/2001 ABN which is a CON of 09/206,063 12/04/1998 PAT 6,770,148				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/24/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance		<b>STATE OR COUNTRY</b> ITALY	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 22
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>RL</i>				<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> Bell, Boyd & Lloyd LLC P.O. Box 1135 Chicago, IL60690-1135				
<b>TITLE</b> Peritoneal dialysis solution containing modified icodextrins				
<b>FILING FEE RECEIVED</b> 892	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	